

AGENCY DYSPHAGIA MONITORING SCHEDULE

Type of Monitor	Number, Type, and Frequency of Monitoring			
	Level 1 2 types per month	Level 2 1 type per month	Level 3 1 type per quarter	Level 4 at ISP Update
Dental	1/year	1/year	1/year	annual eval
Oral Care	4/year	1/year		annual eval
Bathing	3/year	1/year	1/year	annual eval
Dressing	4/year	1/year		annual eval
Documentation Review	1/quarter	1/quarter	1/6 months	annual eval
Med-Pass	2 a.m./year 2 p.m./year	1/year	1/year	annual eval
Mealtime/Snack	8/year	6/year	1/year	annual eval
Total Doc Reviews/year	4	4	2	annual eval
Total Monitors/year	24	12	4	annual eval